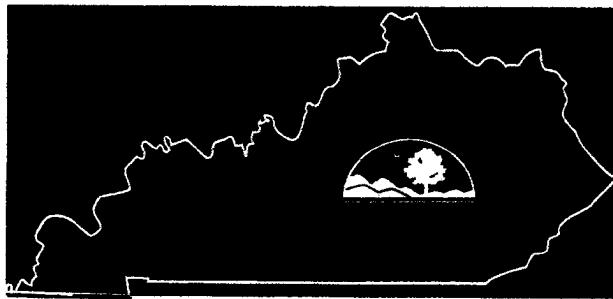
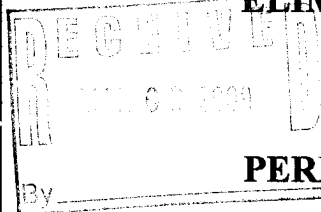


KPDES FORM 1

AZ# 444



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

CK 100-

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	0	8	9	3	7	1
A. Name of Business, Municipality, Company, Etc. Requesting Permit <i>Lincoln Heritage Council, Boy Scouts of America</i>									
B. Facility Name and Location <i>Fraser Scout Reservation</i>					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.				
Facility Location Name: <i>Fraser Scout Reservation</i>					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> <i>Tom Corbett, Ranger</i>				
Facility Location Address (i.e. street, road, etc., not P.O. Box): <i>950 Terry Drive</i>					Mailing Address: <i>950 Terry Dr.</i>				
Facility Location City, State, Zip Code: <i>Shepherdsville, Ky 40165</i>					Mailing City, State, Zip Code: <i>Shepherdsville, Ky 40165</i>				
D. Owner's name (if not the same as in part A and C): <i>Lincoln Heritage Council, BSA</i>					Facility Contact Telephone Number: <i>502 639-9432</i>				
Owner's Mailing Address:					Owner's Telephone Number (if different): <i>502 6361-2624</i>				
II. FACILITY DESCRIPTION									
A. Provide a brief description of activities, products, etc: <i>Sewage lagoon receiving human wastes and gray water from Kitchen/Dining Hall facility, bathrooms and showers</i>									
B. Standard Industrial Classification (SIC) Code and Description									
Principal SIC Code & Description:		<i>7032 Recreation Boy Scout Camp</i>							
Other SIC Codes:									

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: <i>Bullitt</i>	City where facility is located (if applicable):
C. Body of water receiving discharge: <i>Unnamed tributary of Crooked Creek</i>	
D. Facility Site Latitude (degrees, minutes, seconds): <i>37° 53' 10"</i>	Facility Site Longitude (degrees, minutes, seconds): <i>85° 39' 10"</i>
E. Method used to obtain latitude & longitude (see instructions): <i>topo map coordinates</i>	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

Tom Carbett

Telephone Number:

502 639-9432

Operator Mailing Address (Street):

950 Terry Dr. 8

Operator Mailing Address (City, State, Zip Code):

Shepherdsville, Ky 40165

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

WW Treatment 1

Certification Number:

7258

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY 0089371

Issue Date of Current Permit:

5/7/03

Expiration Date of Current Permit:

5/31/08

Number of Times Permit Reissued:

3

Date of Original Permit Issuance:

8/1/88

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

N/A

Kentucky DSMRE Permit Number(s):

N/A

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

Tom Carbett
950 Terry Dr.
Shepherdsville, Ky 40165

DMR Official Telephone Number:

502 639-9432

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

Tom Carbett

DMR Mailing Address:

950 Terry Dr.

DMR Mailing City, State, Zip Code:

Shepherdsville, Ky 40165

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

501 3 C

Filing Fee Enclosed:

\$100.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

Mr. ☐ Ms. ☒ Margann Edgington

TELEPHONE NUMBER (area code and number):

(502) 361-2624 x 3002

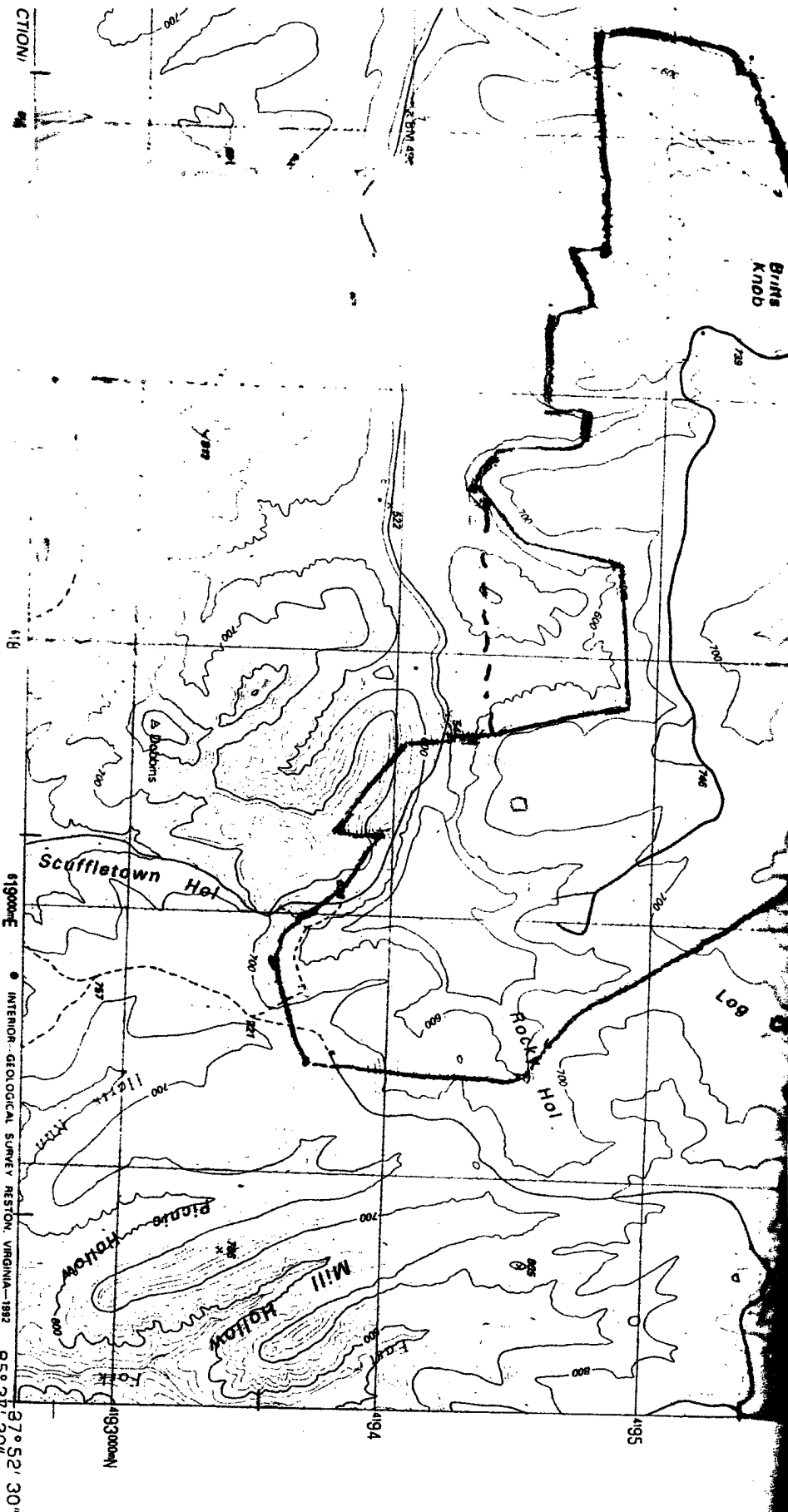
SIGNATURE

Margann Edgington

DATE:

2/23/09

Return completed application form and attachments to: KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.



1 000

S

11 20 FEET

21 DATED 1982

MAP OF SHEPHERD'S QUADRANGLE

EXINATION, QUADRANGLE

ICE, PLACED

U.S. SYSTEMS & SERVICES

QUADRANGLE LOCATION

KENTUCKY

ROAD CLASSIFICATION

Primary highway, hard surface

Secondary highway, hard surface

Unimproved road, hard surface

Interstate Route U. S. Route State Route

SHEPHERDSTOWN, KY.

NW/4 SHEPHERDSTOWN 15' QUADRANGLE

37085-H6-TF-024

1991

DMA 3859 1 NW-SERIES V853

(GRAVENS) 3859 156

Internal Revenue Service

District
Director

Boy Scouts of America
National Council
1325 Walnut Hill Lane
Irving, TX 75062

Department of the Treasury

1100 Commerce St. Dallas Texas 75242

Person to Contact:
EOMF Examiner
Telephone Number:
(214) 767-1155
Refer Reply to:
RM:CSB:306:JSR
Date:

JAN 01 1983

EIN: 22-1576300

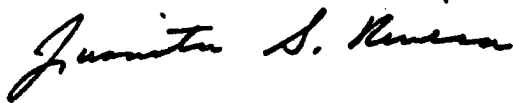
Gentlemen:

Our records show that Boy Scouts of America National Council is exempt from Federal income tax under Group Ruling No. 1761, section 501(c)(3) of the Internal Revenue Code. This exemption was granted November 1965 and remains in full force and effect.

We have classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Internal Revenue Code because you are an organization described in section 170(b)(1)(A)(vi).

If we may be of further assistance, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Juanita S. Rivera
EOMF Examiner



**KENTUCKY POLLUTANT DISCHARGE
ELIMINATION SYSTEM**

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: <i>Frazier Scout Reservation</i>											
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE	0	0	8	9	3	7	1
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week?				<i>7</i>							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions):											
B. If new discharger, indicate anticipated discharge date:											
C. Indicate the design capacity of the treatment system:				MGD <i>0.0175</i>							

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
<i>001</i>	<i>37</i>	<i>53</i>	<i>10</i>	<i>85</i>	<i>39</i>	<i>10</i>	<i>Unnamed tributary of Cro</i>

Method used to obtain latitude/longitude
(i.e. GPS unit, USGS topographic map coordinates, etc.)

USGS topo map coordinates

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
	Sanitary Wastewater	17,500 GPD	2 acre stabilization Pond	3 - P
			350 ft 2 Inlet Sand Filter	1 - V
			Chlorine Disinfection	2 - F

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☐ Yes ☒ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☒ Surface injection (Check term and identify on map) ☒ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☒ Closed Circuit (Check appropriate term) ☒ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony		<input type="checkbox"/>	Copper		<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Arsenic		<input type="checkbox"/>	Lead		<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Beryllium		<input type="checkbox"/>	Mercury		<input type="checkbox"/>	Zinc	
<input type="checkbox"/>	Cadmium		<input type="checkbox"/>	Nickel		<input type="checkbox"/>		
<input type="checkbox"/>	Chromium		<input type="checkbox"/>	Selenium		<input type="checkbox"/>		

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE		AVG DAILY VALUE		NUMBER OF SAMPLES
	Current Permit	Results	Current Permit	Results	
BOD ₅		4		4	Quarterly Composite
TOTAL SUSPENDED SOLIDS	4.50	0.067	2.25	0.050	Quarterly Composite
FECAL COLIFORM	400	< 20	200	< 20	Quarterly Grab
TOTAL RESIDUAL CHLORINE				0.81	
OIL AND GREASE		< 4 mg/L			Kitchen only used rarely during June/July otherwise
CHEMICAL OXYGEN DEMAND					
TOTAL ORGANIC CARBON					
AMMONIA	0.60	0.037	0.30	0.028	Quarterly Composite
DISCHARGE FLOW		0.004		0.003	Weekly Inst.
PH		7.36		7.36	Quarterly Inst.
TEMPERATURE (WINTER)					
TEMPERATURE (SUMMER)					

B. Frequency and duration of flow:

Daily except during drought

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Maryann Edgington	(502) 361-2624 x 3002
SIGNATURE	DATE
Maryann Edgington	2/23/09

IX: INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:

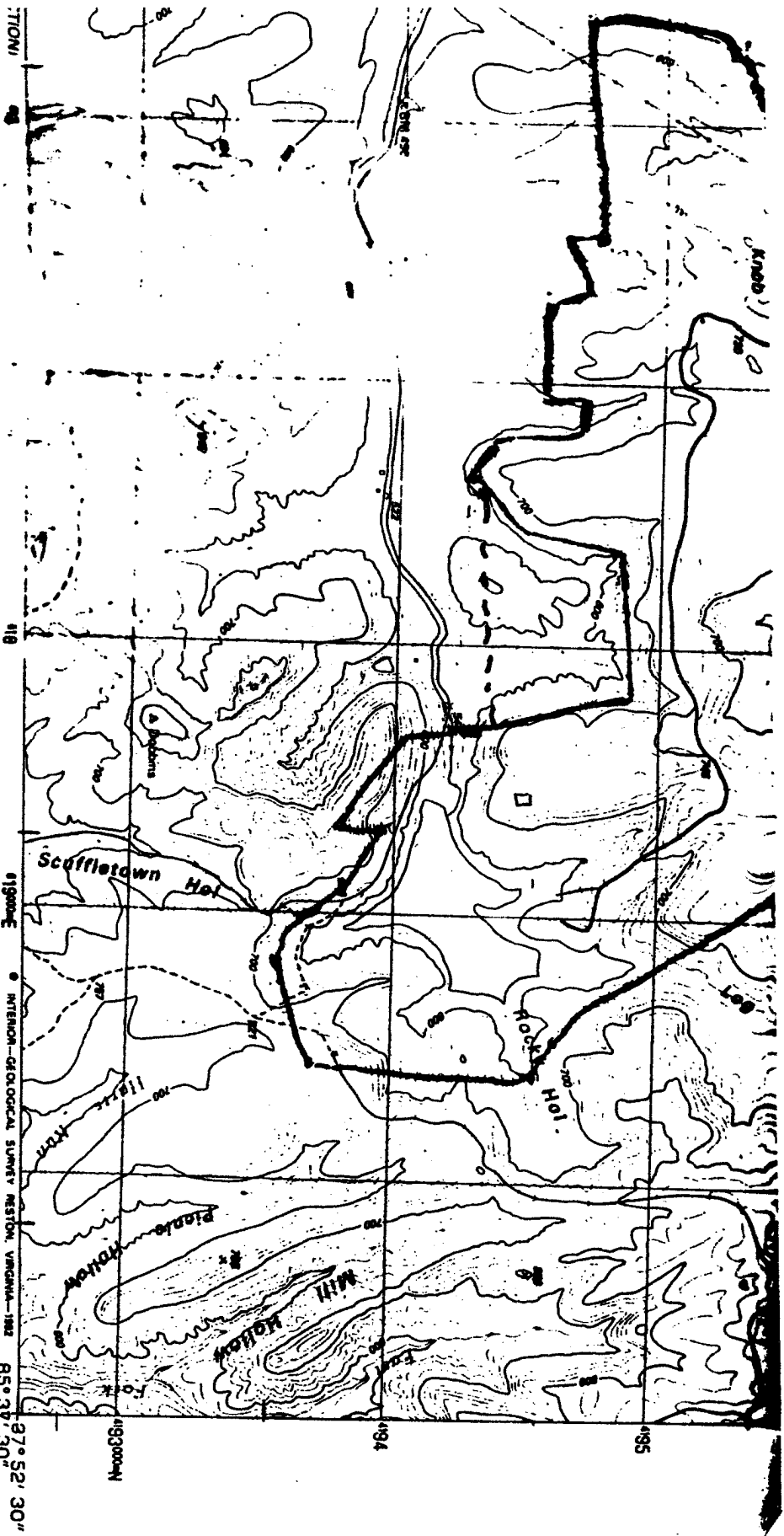
(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
Frazier Scout Reservation	0 - 499
TOTAL POPULATION SERVED	0 - 499



ROAD CLASSIFICATION

Primary highway, hard surface..... Light-duty road, hard or improved surface.....
 Secondary highway, hard surface..... Unimproved road.....

Interstate Route U. S. Route State Route

SHEPHERDSVILLE, KY.

NW/4 SHEPHERDSVILLE 15' QUADRANGLE
 37085-H6-TF-024

1991

DMA 3859 I NW-SERIES 1853

1:50,000
 MAP ACROSS THE COUNTRY
 LOCATED WITHIN THE
 XING, THE COUNTRY
 CL. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 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